

1



2



3



Typical Signs Your Current Process Is Broken

Your conversion rate is low. And/or you don't know your 90-day rolling conversion rate.

Quick to NTUC (Not Taken Under Care).

A very small pending list.

Lengthen of time from referral to admission averages over 24-hours.

4



Building Structure and Process

Purpose

- Promote excellent customer service
- Standardize action steps for pending list management
- Serving more patients
- Stated goal: 85% 90-day rolling conversion rate

Accurate data collection, monitoring, and management

Referral Inquiry – ANY incoming request

- Professional
 - Internet or web
- Personal inquiry of your staff member
- Walk-in

5

5



Step #1: KNOWING You Are Capturing ALL Referral Inquiries

- Referrals present to your organization is a number of ways. Some are very obvious and some "invisible"
 - Professional; physician offices, hospital discharge plans, etc.
 - "Napkin" inquiries; "would you take a look at room #201."
 - Soft inquiries; a call asking about his hospice benefit.
 - Lead generators such as Caring.Com, Placement professionals.
 - Walk-ins, internet
- The best investment you can make is to test all these portals of entry to make sure they are working.
- Conduct a Mystery Shopping exercise once a year.

6

Element #2: First-to-Bed-side-Wins!! Sense of Urgency!

- The word that is the "kiss-of-death"-----WAIT.
- 1. Same day admissions is a must! Unless the process is out of our control.
- 2. Do the math. If you increase your time from referral to admission by 1-day, how many more days-of-care you would have and how it would increase your LOS.
- 3. Build a "Bullpen." A group of first responders.
- 4. Build a "Bench." Safe valve nurses to do admissions.

7

Element #3: Eligibility process. Preventing single-points-of-failure.

- This is the Number 1 Invisible Velvet Glove that impact growth
- Some data to trend:
 - Live Discharges
 - Referral-to-Admission conversion.
- Is your eligibility a process or personality driven?
- Recommendations
 - We suggest that hospices install an Eligibility Committee.
 - We suggest quarterly random chart reviews of admissions by a third party as a method to diagnosis issues.
 - We suggest on-going eligibility training.

8

Element #4: Building and working a superior 90-day pending list.

- The number 1 place to get a referral NOW is your pending list!
- If any referral inquiry is not admitted within 24-hours, it goes on the pending list
- A specifically designed spreadsheet:
- In addition to name and rank
 - Date referral inquiry received
 - What is a barrier for not admitting
 - What is the counter measure.
- Work the process for 90-days

9

Element #5: Organizational collective wisdom and commitment to the process.

- Drawing upon the entire organization to bring to life the first 4-Element is the only way to achieve the Gold Standard 85% conversion rate.
- A high performing Referral Inquiry to Admission process is the ultimate expression of a Culture of Growth.
- Recommendations:
 - Daily 15-minute referral reconciliation meeting.
 - Weekly Pending List review.
 - Daily 4:00 pm "sweep"

10

Change can be Challenging

Widening the top of the funnel...

- Capturing ALL referrals
- "Napkin" referrals
- Data entry – name and number...

Making time for stand-up meeting

- Marketing Staff – view as important as outside appointment

Admission Coordinator learning curve

- Identifying pending reason / bucket and barrier
- Determining who should go & communications
- "Assigning" actions and due dates

NTUCs

- Pt chose another hospice

11

11

Not Taken Under Care

- There are only 4 reasons a referral should be NTUC
 - ✓ Patient dies before admission
 - ✓ Pt/family specifically state they do not want to be contacted again
 - ✓ No contract with insurance provider, pt/family choose in-network provider
 - ✓ Patient moves out of service area
- All other referrals that are not immediately admitted are placed on the 90-day pending list

12

12

2011 – Jan 2012 NTUCs	Total 4,201
Pt/Family refused hospice	1,336
Patient died	1,121
Chose another hospice	916
Undefined reason	216
Not hospice appropriate – medically	204
Duplicate referral	79
Moved out of coverage area	65
Referred to another hospice	55
Admitted to Skilled Part A	44
Physician refused	43
Admit to non-contracted facility	37
Pt/Family refused palliative	36
Out of network with insurance	35
Referred to Palliative Care	19
Service failure	3

13

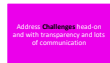
- The larger the pending list the better!!
- Work a 90-day process to eliminate the barrier(s) preventing the patient/family from electing their hospice benefits.
- "Working the pending list."
- Categorize the pending into "buckets" for reasons they did not admit.
 - ✓ Patient/Family issues.
 - ✓ Doctor issues.
 - ✓ Not eligible under CMS guidelines. (Palliative Care patient should be on the pending list)
 - ✓ Aggressive treatment.
 - ✓ On skilled days.
 - ✓ Admitted to another hospice.

The Pending List "Gold in the Hills"

14

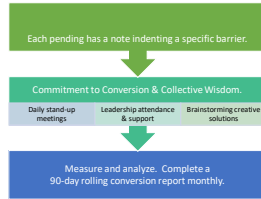
Release	Rate of Release	Rate of Pending	Rate of Discharge	Type of Discharge	Referral Source	Timed/Request	Service	Site	Reason	Event/Action
					In-Plan/Out-of-Plan	2011 Unspecified reason			Reason: Insurance	<ul style="list-style-type: none"> Skilled Days Not Eligible at this time Out of Service Area Patient & Family Issues Death/Inevitable Contract/Insurance Challenges Out of Service Area

Importance of Pending Process



15

Continue...



16

16

Case Study

A real life example. This is a 65 ADC hospice receiving about 50 referrals a month (or 300 for six months), LOS of 65 and a conversion rate of 66%. The Gold Standard by the way is an 85% conversion rate. The per diem rate for this hospice is \$190. This example does not include any GIP. Being able to move the conversion needle by just 1, 2, 3, 4, or 5 percent will yield the following--

17

17

Case Study Continue...

- 1% = 3 more patients served. Generating 195 DOC (days of care) x \$190 = \$37,050.
- 2% = 6 more patients served. Generating 390 DOC x \$190 = \$74,100.
- 3% = 9 more patients served. Generating 585 DOC x \$190 = \$110,200.
- 4% = 12 more patients served. Generating 780 DOC x \$190 = \$148,200.
- 5% = 15 more patients served. Generating 975 DOC x \$190 = \$179,550.
- If this organization was able to achieve the Gold Standard of 85% (a 19% improvement) it would generate \$730,950!!!!!!
- All this without making the phone ring any more than it already is!!!

18

18

Key Performance Indicators (KPI)



Number of admissions per month

A rolling 90-day conversion rate

Length of time between referral and admission

Seven horizontal lines for notes.

19

Resources



<http://kurtkazanowski.com/referral-inquiry-to-admission-conversion-rate/#more:321>

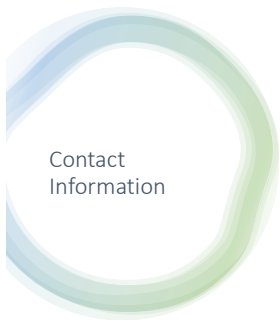


<http://hospiceadvisors.com/care-study/referral-inquiry-to-admission/#more:501>

Seven horizontal lines for notes.

20

Contact Information



- Kurt A. Kazanowski, MS, RN, CHE
- 296 S. Main Street #202
- Plymouth, Michigan 48170
- 734.658.6162
- kazanow@comcast.net
- www.hospiceadvisors.com
- www.kurtkazanowski.com

Seven horizontal lines for notes.

21